

PROJECT 10073 RECORD

1. DATE - TIME GROUP 2 August 66 03/0030Z	2. LOCATION Springfield, Virginia (2 Witnesses)
3. SOURCE Civilian	10. CONCLUSION INSUFFICIENT DATA FOR EVALUATION <i>jsd</i>
4. NUMBER OF OBJECTS One	
5. LENGTH OF OBSERVATION 15 Minutes	11. BRIEF SUMMARY AND ANALYSIS Observers watched a blue light that moved behind a cloud during the observation. The alleged UFO appeared saucer shaped and appeared to make a 90 deg angle turn before heading downward.
6. TYPE OF OBSERVATION Ground-Visual	
7. COURSE NW	Dulles International Airport is to the NW of observer and an aircraft landing on runway 12 could account for the sighting. Report was made by a 12 year old boy.
8. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. PHYSICAL EVIDENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

FORM

FTD SEP 63 0-329 (TDE) Previous editions of this form may be used.

U.S. AIR FORCE TECHNICAL INFORMATION

This questionnaire has been prepared so that you can give the U.S. Air Force as much information as possible concerning the unidentified aerial phenomenon that you have observed. Please try to answer as many questions as you possibly can. The information that you give will be used for research purposes. Your name will not be used in connection with any statements, conclusions, or publications without your permission. We request this personal information so that if it is deemed necessary, we may contact you for further details.

1. When did you see the object?

2 August 1966
Day Month Year

2. Time of day:

8 30
Hour Minutes

(Circle One): A.M. or (P.M.)

3. Time Zone:

(Circle One): a. Eastern
b. Central
c. Mountain
d. Pacific
e. Other _____

(Circle One): a. Daylight Saving
b. Standard

4. Where were you when you saw the object?

██████████ St Ave Springfield FAIRFAX, VA
Nearest Mailing Address City or Town State or County

5. How long was object in sight? (Total Duration)

0 About 15 ?
Hours Minutes Seconds

a. Certain

(b.) Fairly certain

c. Not very sure

d. Just a guess

5.1 How was time in sight determined? Had My Watch on

5.2 Was object in sight continuously? Yes _____ (No) _____

6. What was the condition of the sky?

DAY

a. Bright

b. Cloudy

Dusk
a. Bright
* b. Cloudy

NIGHT

a. Bright

b. Cloudy

* Fairly Scattered

7. IF you saw the object during DAYLIGHT, where was the SUN located as you looked at the object?

(Circle One): a. In front of you
b. In back of you
c. To your right

d. To your left
e. Overhead
f. Don't remember

8. IF you saw the object at NIGHT, what did you notice concerning the STARS and MOON?

8.1 STARS (Circle One):

- ☒ a. None *Yet*
 b. A few
 c. Many
 d. Don't remember

8.2 MOON (Circle One): * *Wasn't up yet*

- a. Bright moonlight
 b. Dull moonlight
 c. No moonlight - pitch dark
 d. Don't remember

9. What were the weather conditions at the time you saw the object?

CLOUDS (Circle One):

- a. Clear sky
 b. Hazy
☒ c. Scattered clouds
 d. Thick or heavy clouds

WEATHER (Circle One):

- ☒ a. Dry
 b. Fog, mist, or light rain
 c. Moderate or heavy rain
 d. Snow
 e. Don't remember

10. The object appeared: (Circle One):

- a. Solid
 b. Transparent
 c. Vapor
☒ d. As a light
 e. Don't remember

11. If it appeared as a light, was it brighter than the brightest stars? (Circle One):

- a. Brighter
 b. Dimmer
☒ c. About the same
 d. Don't know

11.1 Compare brightness to some common object:

12. The edges of the object were:

- (Circle One): a. Fuzzy or blurred
 b. Like a bright star
 c. Sharply outlined
 d. Don't remember

e. Other *Fairly outlined*

13. Did the object:

(Circle One for each question)

- | | | | |
|---|--------------------------------------|-------------------------------------|------------|
| a. Appear to stand still at any time? | Yes | <input checked="" type="radio"/> No | Don't know |
| b. Suddenly speed up and rush away at any time? | Yes | <input checked="" type="radio"/> No | Don't know |
| c. Break up into parts or <u>explode</u> ? | <input checked="" type="radio"/> Yes | No | Don't know |
| d. Give off smoke? | Yes | <input checked="" type="radio"/> No | Don't know |
| e. Change brightness? | Yes | <input checked="" type="radio"/> No | Don't know |
| f. Change shape? | Yes | <input checked="" type="radio"/> No | Don't know |
| g. Flash or flicker? | Yes | <input checked="" type="radio"/> No | Don't know |
| h. Disappear and reappear? | <input checked="" type="radio"/> Yes | No | Don't know |

14. Did the object disappear while you were watching it? If so, how?

No

15. Did the object move behind something at any time, particularly a cloud?

(Circle One): Yes No Don't Know. IF you answered YES, then tell what it moved behind: A cloud

16. Did the object move in front of something at any time, particularly a cloud?

(Circle One): Yes No Don't Know. IF you answered YES, then tell what in front of: _____

17. Tell in a few words the following things about the object:

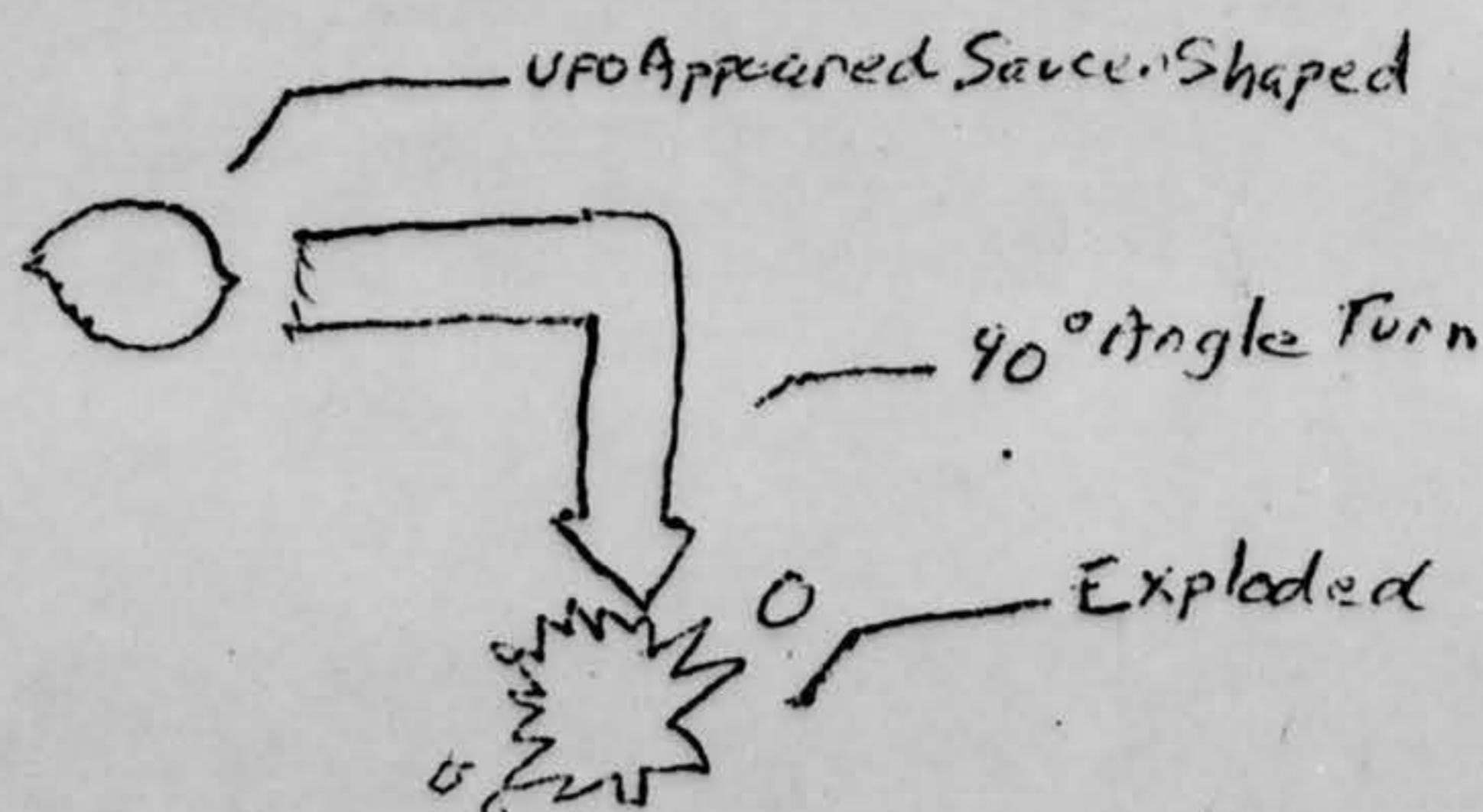
a. Sound None

b. Color Blue

18. We wish to know the angular size. Hold a match stick at arm's length in line with a known object and note how much of the object is covered by the head of the match. If you had performed this experiment at the time of the sighting, how much of the object would have been covered by the match head?

19. Draw a picture that will show the shape of the object or objects. Label and include in your sketch any details of the object that you saw such as wings, protrusions, etc., and especially exhaust trails or vapor trails.

Place an arrow beside the drawing to show the direction the object was moving.



20. Do you think you can estimate the speed of the object?

(Circle One)

Yes

No

IF you answered YES, then what speed would you estimate? _____

21. Do you think you can estimate how far away from you the object was?

(Circle One)

Yes

No

IF you answered YES, then how far away would you say it was? _____

22. Where were you located when you saw the object?
(Circle One):

a. Inside a building

b. In a car

c. Outdoors

d. In an airplane (type)

e. At sea

f. Other _____

23. Were you (Circle One)

a. In the business section of a city?

b. In the residential section of a city?

c. In open countryside?

d. Near an airfield?

e. Flying over a city?

f. Flying over open country?

g. Other _____

24. IF you were MOVING IN AN AUTOMOBILE or other vehicle at the time, then complete the following questions:

24.1 What direction were you moving? (Circle One)

a. North

c. East

e. South

g. West

b. Northeast

d. Southeast

f. Southwest

h. Northwest

24.2 How fast were you moving? _____ miles per hour.

24.3 Did you stop at any time while you were looking at the object?

(Circle One)

Yes

No

25. Did you observe the object through any of the following?

a. Eyeglasses

Yes

No

e. Binoculars

Yes

No

b. Sun glasses

Yes

No

f. Telescope

Yes

No

c. Windshield

Yes

No

g. Theodolite

Yes

No

d. Window glass

Yes

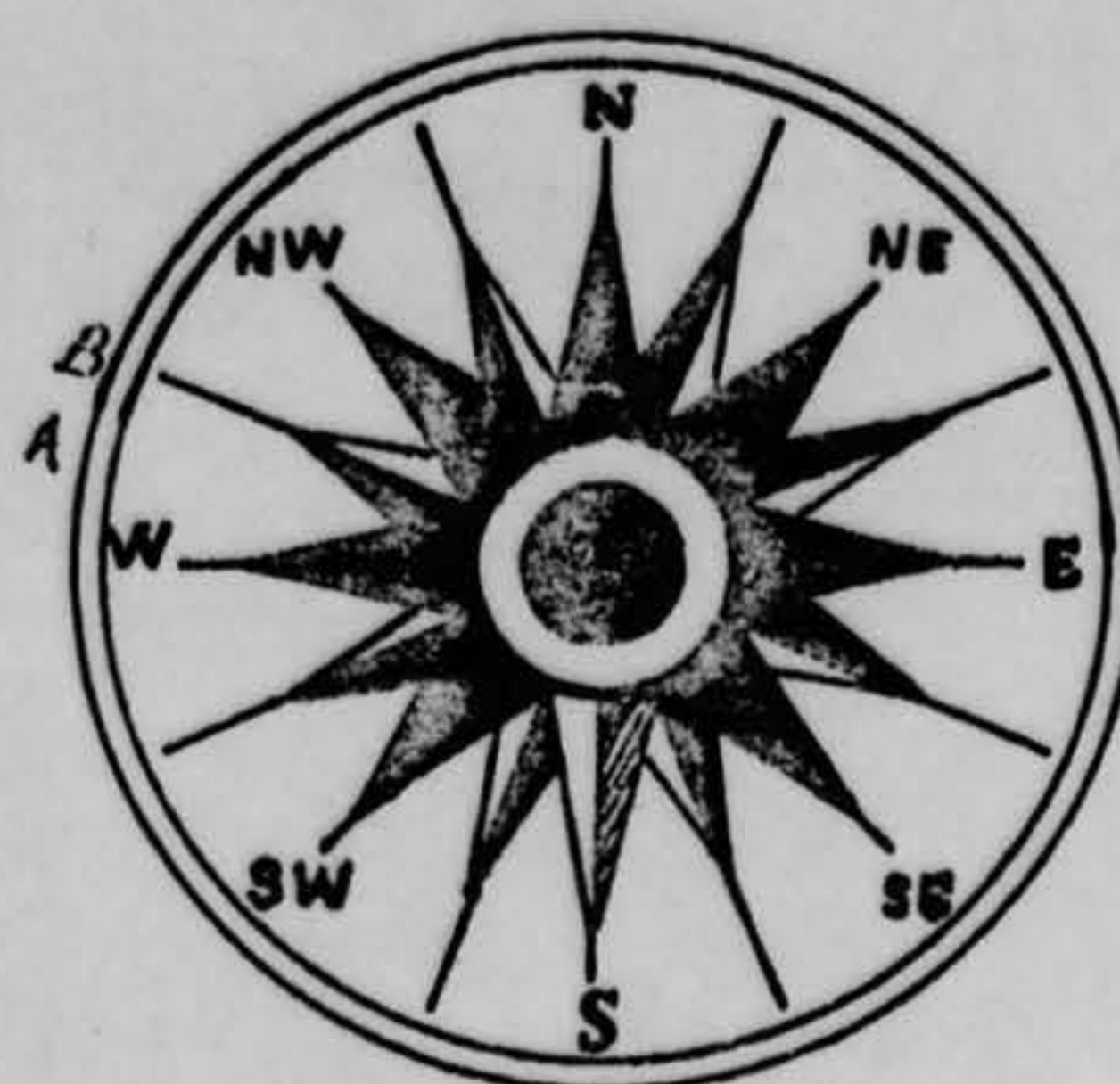
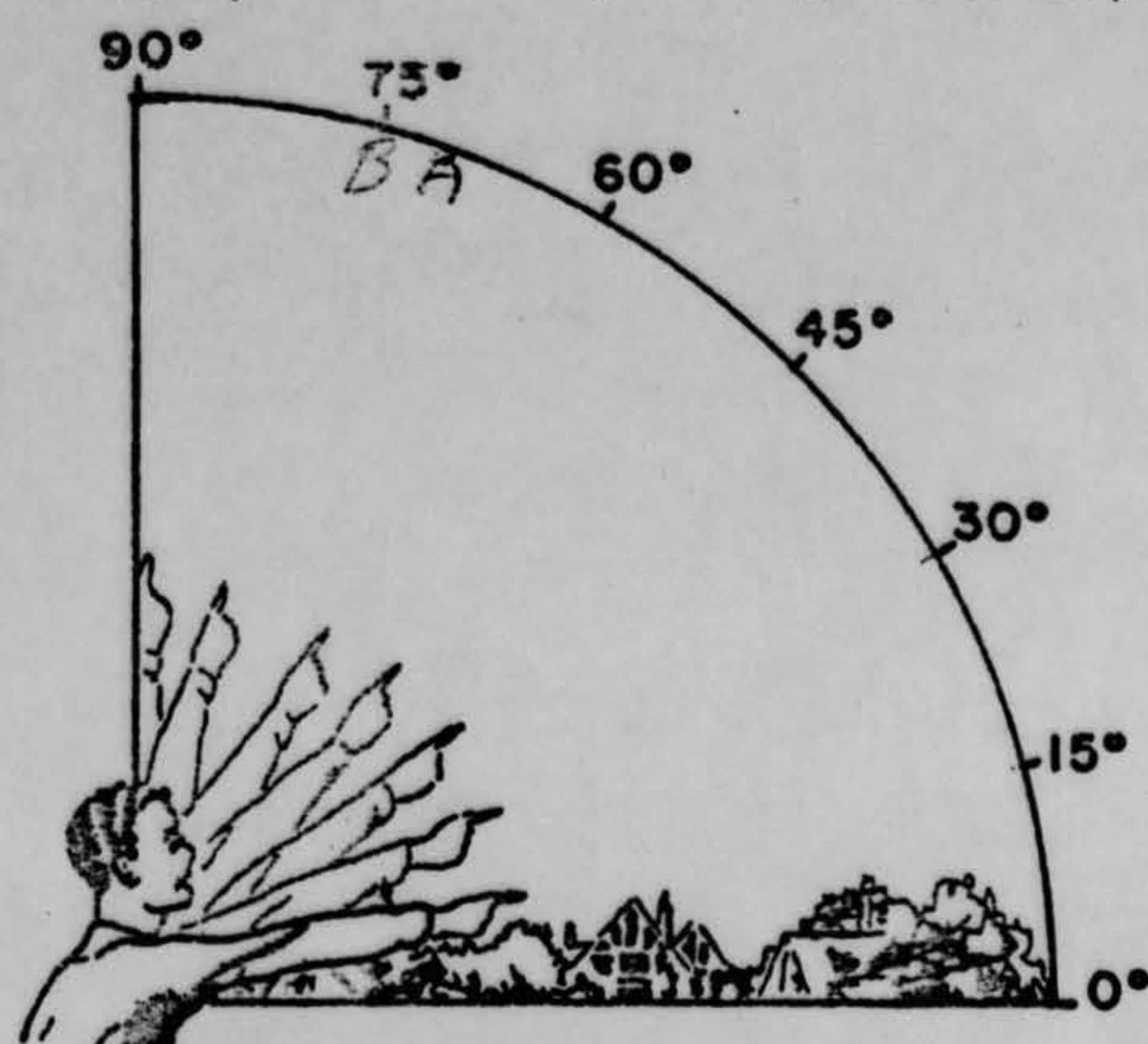
No

h. Other _____

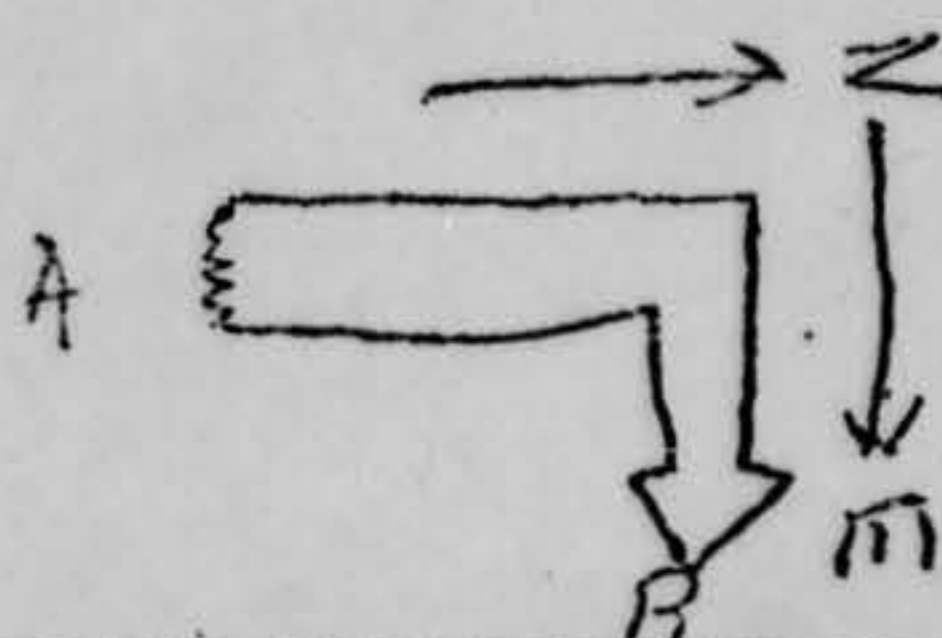
26. In order that you can give as clear a picture as possible of what you saw, describe in your own words a common object or objects which, when placed up in the sky, would give the same appearance as the object which you saw.

*Like Nothing I ever saw Except For One Similar
To it Sighted in Bedford Co., PA.*

27. In the following sketch, imagine that you are at the point shown. Place an "A" on the curved line to show how high the object was above the horizon (skyline) when you *first* saw it. Place a "B" on the same curved line to show how high the object was above the horizon (skyline) when you *last* saw it. Place an "A" on the compass when you *first* saw it. Place a "B" on the compass where you *last* saw the object.



28. Draw a picture that will show the motion that the object or objects made. Place an "A" at the beginning of the path, a "B" at the end of the path, and show any changes in direction during the course.



29. IF there was MORE THAN ONE object, then how many were there? _____
Draw a picture of how they were arranged, and put an arrow to show the direction that they were traveling.

30. Have you ever seen this, or a similar object before. If so give date or dates and location.

yes. 7, 7, 1965 N. of Sexton, PA.

31. Was anyone else with you at the time you saw the object? (Circle One) ☒ Yes ☐ No

31.1 IF you answered YES, did they see the object too? (Circle One) ☒ Yes ☐ No

31.2 Please list their names and addresses:

Mr. [REDACTED] 610 Amherst Ave. Springfield, Va.

32. Please give the following information about yourself:

NAME [REDACTED] [REDACTED] [REDACTED]
Last Name First Name Middle Name

ADDRESS [REDACTED] Springfield Va.
City Zone State

TELEPHONE NUMBER [REDACTED] AGE 12 SEX Boy

Indicate any additional information about yourself, including any special experience, which might be pertinent.

33. When and to whom did you report that you had seen the object?

3 Aug 66
Day Month Year

Capt. ?

Don't Remember Last Name

34. Date you completed this questionnaire:

6

Day

Aug

Month

66

Year

35. Information which you feel pertinent and which is not adequately covered in the specific points of the questionnaire or a narrative explanation of your sighting.